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CONFIRMATION NO. 2963

SERIAL NUMBER 10/077,660	FILING DATE 02/14/2002 RULE	CLASS 607	GROUP ART UNIT 3762	ATTORNEY DOCKET NO. A02P1016US01
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APPLICANTS

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** CONTINUING DATA ***** none

R.R.

** FOREIGN APPLICATIONS ***** none

R.R.

IF REQUIRED, FOREIGN FILING LICENSE GRANTED

** 04/01/2002

Foreign Priority claimed	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY	SHEETS	TOTAL	INDEPENDENT
35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance	CA	DRAWING	CLAIMS	CLAIMS
Verified and Acknowledged	<i>J. Bradford</i> <i>R.B.</i> Examiner's Signature Initials		8	21	3

ADDRESS

36802
 PACESETTER, INC.
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TITLE

Cardiac stimulation device including sleep apnea prevention and treatment

FILING FEE	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____
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